

MAYOR MARION S. BARRY, JR.

SUMMER YOUTH EMPLOYMENT PROGRAM



INCIDENT REPORT FORM

This report is to be completed by the Worksite Supervisor within 24 hours of the incident. This form is a confidential, internal document and is not to be shared with persons who are not employees of the Department of Employment Services.

Host Agency: _____ Date of Incident: _____
Worksite : _____ Worksite Supervisor: _____
Name of person(s) involved: _____

Describe how incident occurred (Include facts only; exclude opinions and/or assumptions):

Witness(es): (Title: Supervisor, Youth, etc.) and Telephone number:

1.) _____ Phone: _____
2.) _____ Phone: _____

Other remarks:

Name of person completing this form: _____ Date: _____